

*Farnworth Urban District Council.*

*Education Committee.*



*ANNUAL REPORT*

*of the School Medical Officer*

*Alexander G. Glass, M.A., M.D., D.P.H.*



*For the Year 1923.*

*To the Chairman and Members of the Farnworth  
Education Committee.*

LADIES AND GENTLEMEN,

I beg to submit my Report on the School Medical Service for the year 1923.

The Board of Education have sanctioned the following extensions of the service :—

1. Appointment of a part-time oculist.
2. An extra dental session per week.
3. Appointment of an additional nurse (part time.)
4. Arrangements with local hospitals for the operative treatment of enlarged tonsils and adenoids.

It is expected that these extended activities of the school medical service will become operative early in 1924.

There is an urgent need for an open-air school. Many delicate and debilitated children who are at present attending the ordinary schools would derive lasting benefit from such an institution. The Committee are asked to give this matter their careful consideration.

My grateful thanks are due to the Director of Education, to the Head Teachers, and to the local medical practitioners, for their help and co-operation.

The Report is arranged under the headings asked for by the Board of Education.

I am,

Yours faithfully,

ALEXANDER G. GLASS.

### 1. Staff of the School Medical Service.

School Medical Officer...Alexander G. Glass, M.A., M.D., D.P.H.

Dental Officer .....Mr. G. C. Royley, L.D.S., (part time).

School Nurse .....Miss C. I. Grant.

Clerical Staff { .....Miss A. Smith (part time).

.....Miss O. Rees (part time).

### 2. Co-ordination of the School Medical Service with other Health Services.

As the School Medical Officer is also Medical Officer of Health there is the closest co-operation between the two departments. In matters for whose administration the county is responsible, e.g., tuberculosis, harmonious relations exist between the two authorities.

### 3. School Hygiene.

This was fully reported on last year. During the year parts of Queen Street and Plodder Lane Schools and the whole of Francis Street School were redecorated.

### 4. Medical Inspection. Arrangements made and methods adopted.

The Board of Education require that Medical Inspection shall be carried out in the school premises, during school hours, and with the minimum amount of disturbance of ordinary school arrangements.

The majority of the Farnworth schools do not afford the necessary facilities for a careful and detailed medical examination of the children. Noise, lack of privacy, inadequacy of artificial light, especially in the winter months, all militate against a complete and satisfactory inspection.

The medical inspection of elementary school children has been obligatory upon School Authorities since 1907, and a vast amount of machinery has been set in motion since then for the early detection and treatment of defects. The results of this legislative measure upon young life have been profound and far-reaching.

The value of a medical overhauling at stated periods in a child's life is now universally recognised—so much so that there is a growing feeling that such periodical examinations should be extended both to the pre-school and to the post-school life of the community. The lack of compulsory medical inspection of children under school age is a serious defect. During this period are sown the seeds of many diseases which lead to life-long disablement. It is time that such children were visited by health visitors, and the parents urged to seek medical assistance either from their own doctor or from the clinic, but such work is not compulsory upon parents, and is often entirely neglected.

As far as school children are concerned, it seems a pity that the work should be hampered by the conditions above enumerated. Until adequate accommodation is provided for medical inspection at every school, there appears to be no insurmountable difficulty in sending the children for examination to the Clinic, where every facility exists for a thorough inspection. It would doubtless upset ordinary school arrangements more than the present system, but I am certain that the results would justify the additional trouble.

It may be well to remind the Committee of the procedure adopted in carrying out medical examination at the schools. Generally speaking, two sessions per week are devoted to this work. The Head Teacher is notified of the date of the Medical Officer's visit. Notices are sent to the



parents of the children to be examined, inviting them to be present, times being arranged in such a way that waiting is reduced to a minimum. If the parents are unable to attend, they are requested to fill up a form containing certain particulars regarding previous illnesses of their children.\*

At the inspection the Medical Officer is accompanied by the School Nurse† and by the Clerk. The routine inspection as required by the Board consists of the examination of the following groups of children:—

1. “Entrants,” i.e., children commencing school life.
2. Children between the ages of 8 and 9.
3. “Leavers,” i.e., children between 12 and 14 years of age: and in addition
4. “Specials” i.e., children at other ages than above, who were brought before the doctor for some defect.

The results of the inspection are recorded on schedule cards which has been approved by the Board, and they form a permanent record of the children's Medical Histories.

If the parents are present, they are informed of the results of the examination, and if defects are found these are pointed out, and the parents urged to seek medical advice. In necessitous cases arrangements are made for treatment either at the clinic or at a hospital.

If parents are not present, notices, repeated if necessary, are sent from the office, stating the nature of the defects found and advising the obtaining of medical treatment.

Defective children are re-examined at all subsequent inspections, and, in cases of continued neglect, pressure is brought to bear upon the parent, even to the extent of threatening prosecution.

That medical inspection must cause a certain amount of temporary disarrangement of ordinary school routine is obvious. Some of the schools have no teachers' room, in which case a class-room has to be put in commission, necessitating overcrowding elsewhere. Accommodation has also to be found for waiting parents; and, as often as not, they have to content themselves with the luxuries of a draughty corridor.

As far as the teachers are concerned my experience has been entirely pleasant. They realise that medical inspection is a statutory part of the school curriculum: they realise also the importance of the work; and it is due to them to say that not only have they done everything in their power to minimise the discomforts of medical staff and of parents, but they have taken an active and intelligent part in the actual work. Indeed, without their hearty co-operation the good results of medical inspection would be to a great extent nullified.

Of the groups examined, probably the most important from the medical point of view is the entrant group, because here we are able to detect defects at their commencement. Even at that early age, however, as has been mentioned above, certain defects such as rachitic and paralytic deformities have advanced too far for complete cure, and the best that can be hoped for is treatment, not of a curative, but of an ameliorative character.

\*The various forms used in connection with medical inspection can be seen at the office in the Town Hall.

†Owing to pressure of other work the nurse was unable to be present at the medical inspections during 1923. It is hoped however that this difficulty will be surmounted next year.

The point needs to be repeatedly emphasised that until medical examination is compulsory from birth to school age, many children will remain handicapped, to a greater or less extent, through life.

## 5. Facts disclosed by Medical Inspection.

### (a) *Uncleanliness of head and body.*

- (1) Found by the School Medical Officer at the routine examinations:—1406 children were examined during the year, of whom 181 or 12.9 per cent. had verminous heads or bodies. The figure for 1922 was 14.6 per cent., and for 1921, 25 per cent.
- (2) Found by the School Nurse at the Head-to-Head inspections:—During 1923, 1937 girls were examined by the Nurse, of whom 1004 or 51.8 per cent. had verminous heads. At the close of the survey (after repeated notices had been sent and examinations made) 241 or 21.3 per cent. remained verminous. The corresponding percentages for 1922 were 51.2 and 29.3.

During 1923 a strenuous campaign was waged against dirt and vermin, including the exclusion of children from school, and the summoning of parents before the Education Authority. In spite of that there has been a disappointing result.

No prosecutions were undertaken, and until these become part of the ordinary procedure, I am afraid the problem of the verminous child will remain acute.

The following table shows the results of the Nurse's surveys at the various schools during 1922 and 1923.

School	Dept.	Number of Children Inspected		No. found verminous 1st inspection		No. remaining verminous at end of survey.	
		1922	1923	1922	1923	1922	1923
All Saints'	I.	61	62	38	14	26	10
do.	M.	120	125	100	61	36	38
Central	—	100	84	54	38	25	8
Francis St.	I.	46	52	23	18	9	11
do.	M.	97	91	55	35	11	18
St. James'	I.	56	46	25	27	17	19
do.	M.	114	111	53	75	46	51
St. Gregory's	I.	64	120	17	62	10	41
do.	G.	239	231	77	171	58	107
St. Peter's	I.	67	47	13	19	13	12
do.	M.	96	120	59	71	59	35
Plodder Lane	I.	83	87	29	30	12	7
do.	M.	182	208	84	92	64	6
Queen Street	I.	108	111	55	50	22	10
do.	M.	189	189	121	93	62	31
St. Thomas'	I.	79	88	48	46	25	16
do.	M.	174	165	110	102	55	47
		1875	1937	961	1004	550	467



(b) *Minor Ailments.*

			<i>Routine</i>	<i>" Special "</i>	<i>Total</i>
Impetigo	...	...	8	98	106
Scabies	...	...	4	10	14
Ringworm—Scalp	...	...	2	4	6
Body	...	...	—	25	25
Blepharitis	...	...	13	25	38
Conjunctivitis	...	...	1	5	6
Corneal Opacities	...	...	3	1	4
Otitis Media...	...	...	9	11	20

(c) *Tonsils and Adenoids.*

214 children were found to be suffering from enlarged tonsils or adenoids or both. About one-third of these were recommended for operative treatment. Operation is not advised except in cases where the obstruction is so great that it interferes with breathing or causes deafness or other disability.

(d) *Tuberculosis.*

1. Pulmonary—
  - Definite .....2
  - Suspected .....1
2. Non-pulmonary (glands, bones, and joints) 4

Pulmonary tuberculosis is difficult to diagnose in young children. Repeated examinations are generally necessary, and even then the results are often doubtful. All cases of bronchial catarrh which do not clear up within a few months are sent to the Tuberculosis dispensary at Moses Gate for expert examination and report.

(e) *Defective Vision.*

171 or 12.1 per cent. of the children examined had defective vision to a greater or less extent. About one-half of these required glasses.

(f) *Dental defect.*

Only 29 per cent. of the children examined during the year possessed a sound set of teeth, while 14 per cent. suffered from advanced caries and oral sepsis. The injury to health from this chronic form of septic poisoning is incalculable. Unfortunately it is difficult to convince parents of this, and it is no uncommon experience to find that parents who are most conscientious in having the small ailments of their children medically attended to, are neglectful where dental disease is concerned. (See also page 8).

**6. Infectious disease.**

With the exception of a slight epidemic of chickenpox, the year was favourable in the matter of infectious disease. The following table shows the numbers of children who were excluded from school on account of various infectious diseases :—

<i>Disease</i>					<i>No. of Children excluded.</i>
Chickenpox	...	...	...	...	129
Scarlet Fever	...	...	...	...	58
Whooping Cough	...	...	...	...	23
Diphtheria	...	...	...	...	15
Measles	...	...	...	...	4
Mumps	...	...	...	...	4

## 7. Following up.

When parents are present at the examinations, any defects found in their children are explained by the doctor, who urges upon them the necessity for obtaining treatment from their own doctor. If parents are not present, appropriate notices are sent to them from the office.

At every visit to the school, children who were found to be defective at a previous inspection are re-examined with a view to determining whether the defects have been attended to. Where this has not been done, the school nurse visits the home and makes enquiries of the parents. She repeats her visits as often as may be necessary. Stubborn cases—and they are comparatively few—are dealt with more drastically and are occasionally threatened with legal proceedings. It has not been necessary, so far, to prosecute a parent for neglect to have a medical defect attended to.

In the case of children who are sent to school in a filthy and neglected condition, in addition to visits from the school nurse, the sanitary inspector also visits, and, if necessary, the machinery of the sanitary department is set in motion. Persistent cases of neglect are referred to the N.S.P.C.C.

## 8. Medical Treatment.

- (a) *Minor ailments, including skin disease, external eye disease, ear disease and defective hearing.*

Every facility exists for treating minor ailments at the reconstructed school clinic. During the year no fewer than 2052 attendances were recorded.

The clinic is open on three sessions per week, and treatment is carried out by the medical officer and by the school nurse under his direction.

- (b) *Tonsils and Adenoids.*

The vast majority of children who require operative treatment for tonsils and adenoids were attended to at the Bolton Infirmary. Owing to the large numbers on the waiting list of the Infirmary unavoidable delays have often occurred. Our best thanks are due to the Infirmary staff for performing these operations free of cost.

At the end of the year sanction was given by the Board of Education to the payment by the Education Committee to the Infirmary of 31/- per case operated upon. In necessitous cases the fee will be paid by the Committee. In other cases, the whole or part of the fee will be recoverable.

- (c) *Tuberculosis.*

The County Council are the responsible authority for dealing with tuberculosis in the area. They have established a dispensary at Moses Gate, where one of the County Medical Officers attends on two sessions per week. Any school child suspected of suffering from tuberculosis is sent there for further examination and if necessary for treatment. The Dispensary has proved of great value, and there is close co-operation between the Local Authority and the County Council in this matter.

- (d) *Vision.*

Approximately 10 per cent. of all school children are so defective in their vision that they require spectacles. Up to the present no arrangement has existed in Farnworth for such children to be submitted to refrac-



tion by an Eye Specialist. Children have had to go to Bolton Infirmary for treatment. The Board of Education have now sanctioned the appointment of a part-time eye specialist who will visit the Farnworth Clinic at arranged times and refract all cases submitted to him. This will be carried out free of charge to parents. In necessitous cases spectacles will, as heretofore, be supplied free of cost by the Education Committee.

(e) *Dental defects.*

Up to the present the dental officer has given only one session per week to school dentistry. This amount of time is, of course, entirely inadequate to cope with the problem in Farnworth. I have dealt with this matter fully in previous reports.

The Board of Education have now sanctioned an additional session per week, but, even so, only the fringe of the work will be touched.

The following is the report of Mr. Royley, the School Dental Officer for 1923.

“Ladies and Gentlemen,

I have the honour to submit my annual report on the School Dental Service for the year 1923.

Thirty-five Sessions were devoted to treatment, and the average number of attendances per Session was fifteen. Only two days were given to inspection, as there was a large number awaiting treatment from inspections carried out late in 1922.

Of the 332 children inspected 291 required treatment, and yet only time for the treatment of 178 could be given. It is expected that this large number of non-treated will be considerably reduced by the extra session now granted, and in addition that time will be found for regular inspection, carried out, say every five weeks.

The number of extractions is high—533—but that was unavoidable, as either the teeth were in a septic condition or too cautious to be filled. All extractions were carried out under a local anæsthetic with the desire to avoid pain, so as to try and encourage the children and parents. Short talks have been given to the parents of the children treated on oral hygiene and in some cases, I venture to hope, with good results.

The new clinic is in every respect well adapted for dental work, this has certainly been one factor in increasing the number of fillings from 102 in 1922 to 310 in 1923.

In conclusion I should like to take this opportunity of thanking the teachers for the great help they have given me. The children have attended the Clinic regularly and punctually and so have not caused any delay.

I remain,

Yours faithfully,

G. C. ROYLEY.”

(f) *Crippling Defects and Orthopædics.*

Most of the crippling defects discovered are due to rickets, and by the time such cases reach an elementary school little can be done to correct the deformity. As a rule such children are able to attend an ordinary school, and except for the disfigurement of the defect appear to hold their own with normal children. The same remarks apply to crippling due to infantile paralysis. The damage, generally speaking, is complete before school age is reached, and the only ameliorative treatment



which can be recommended is the wearing of special boots or other appliances in order to assist the child in walking.

### **9. Open Air Education.**

In previous reports stress has been laid on the need for an open-air school in Farnworth. Pre-tubercular, debilitated, and anæmic children should all be educated under open-air conditions. Reports from open-air schools consistently record the benefits which such children receive from this mode of treatment. Until such a school can be provided the Education Committee should insist that as far as weather and other conditions will permit, children should be taught as much as possible in the open air, either in play-grounds or in parks.

### **10. Physical Training.**

No physical instructors have been appointed by the Education Committee. Physical training is carried out by teachers, who possess drill certificates, and the Board's syllabus is adhered to.

### **11. Provision of Meals.**

There is close co-operation between the Education Department and the School Medical Department in this matter. Cases which, on examination by the School Medical Officer, appear to be mal-nourished, are investigated, and if the family income falls within the Committees's scale the children are supplied with a free mid-day meal.

#### **STATISTICS FOR 1923.**

Total number of meals provided ...	...	886
Total cost ...	...	£29 10 8
Cost per meal per child ...	...	... <sup>s</sup> 8d.
Number of individual children fed ...	...	20

### **12. School Baths.**

There are no school baths in Farnworth, but use is made of the Public Baths by the School Children. Classes are formed in each school, and each class visits the baths once a week in summer, where swimming is taught by competent instructors.

### **13. Co-operation of Parents.**

During the year 37 per cent. of all children inspected as routines were accompanied by a parent or other relative, against 29 per cent. last year. In the case of the infants, 49 per cent. were so accompanied against 39 per cent. last year. This large and increasing percentage of parental attendances reveals the growing interest in medical inspection, and is an indication of the value placed upon it by parents. It is hoped that in future years a still greater number of parents will be present. Their presence is welcomed, and everything should be done by teachers and others to encourage them to come.

### **14. Co-operation of School Attendance Officer.**

The School Attendance Officer takes no part in either the routine medical inspections or in the work at the clinic. Cases of prolonged absenteeism are referred by him to the School Medical Officer, and he has also the duty of reporting all cases which are unable, through some defect, to attend an ordinary elementary school.

### **15. Co-operation of Voluntary Bodies.**

Invaluable help has been received from the hospitals, especially Bolton Infirmary, Townley's and Manchester Children's Hospitals.

Cases of persistent neglect have been dealt with by the N.S.P.C.C., and best thanks are due to the Inspector. Mr. Turpin, for the interest he has taken in this matter.

### **16. Blind, Deaf, Epileptic and Defective Children.**

The children in this category are those whose defect is so great that they cannot be educated properly in an ordinary elementary school, and who ought to be sent to a "Special" school.

Any children who are suspected to be suffering from any of the above defects are referred by teachers, school attendance officer, nurses and others to the School Medical Officer who arranges for a special examination at the clinic.

Cases which are found to be suitable for a special school are reported to the Director for appropriate action.

### **17. Nursery Schools.**

None.

### **18. Secondary Schools.**

The responsibility for medical inspection of Secondary Schools rests upon the County Council.

### **19. Continuation Schools.**

None.

### **20. Employment of Children and Young Persons.**

The Education Act, 1921, contains the following important provisions with regard to child welfare :—

(1) Children under 12 years of age shall not be employed.

(2) Children over 12 years of age may not be employed (a) on Sundays for more than two hours, (b) on school days before close of school hours, (c) on any day before 6 a.m. or after 8 p.m. These provisions are subject to the proviso that an Authority may make Bye-laws allowing, under certain conditions, the employment of children over 12 years of age before school hours, and the employment of children by their parents, provided that any such employment before 9 a.m. is to be limited to one hour, and where it occurs, employment also in the afternoon is not to exceed one hour.

(3) The employment in street trading of any child under 12 years of age is prohibited.

(4) An Authority is empowered to prohibit or restrict any employment of a child which as a result of a report by the School Medical Officer or otherwise, they are satisfied is prejudicial to his health or physical development, or which renders him unfit to obtain proper benefit from his education.

(5) If the local education authority for elementary education send to the employer of any child a certificate signed by a registered medical practitioner that the lifting, carrying, or moving of any specified weight is likely to cause injury to the child, or that any specified occupation is likely to be injurious to the life, limb, health or education of the child, the certificate shall be admissible as evidence in any subsequent proceedings against the employer in respect of the employment of the child.



Under the Act, Bye-laws have been made by the Farnworth Urban District Council which deal with

- (1) Prohibited Employments.
- (2) Regulation of Employment.
- (3) Regulation of street trading by young persons between 14 and 16.

Among the Bye-laws are the following :—

(1) A child between the ages of 12 and 14 cannot be employed before school hours unless within 14 days from the date when the employment begins the child has obtained from the School Medical Officer a certificate that such employment will not be prejudicial to his health or physical development, and will not render him unfit to obtain the proper benefit from his education, and the certificate has been produced to and endorsed by the employer.

(2) A licence to engage in street trading can be refused to any boy between 15 and 16 if by reason of physical or mental deficiency he is unfit for such work.

The power which the Authority possesses of prohibiting or restricting any employment which is affecting a child's health adversely is a useful safeguard. During the year no such case was brought to the notice of the School Medical Officer.

A. G. GLASS,  
School Medical Officer.

**TABLE I.***Return of Medical Inspections.***A—ROUTINE MEDICAL INSPECTIONS.**

## Number of Code Group Inspections.

Entrants	...	...	...	...	...	...	497
Intermediates	...	...	...	...	...	...	447
Leavers	...	...	...	...	...	...	462
Total	...	...	...	...	...	...	1406
Number of other Routine Inspections	...	...	...	...	...	...	—

**B—OTHER INSPECTIONS.**

Number of Special Inspections	...	...	...	...	...	387
Number of Re-inspections	...	...	...	...	...	1405
Total	...	...	...	...	...	1792



**TABLE II.**

*A—Return of Defects found by Medical Inspection during the year ended December 31st, 1923.*

DEFECT OR DISEASE					Routine Inspections		Special Inspections	
					No of Defects		No. of Defects	
					Requiring Treatment	Requiring to be kept under observation but not requiring Treatment	Requiring Treatment	Requiring to be kept under observation but not requiring Treatment
Skin	Malnutrition				12	59	4	3
	Uncleanliness				—	—	3	—
	(See Table IV. Group V.)							
	Ringworm :							
	Scalp ... ..				2	—	4	2
	Body ... ..				—	—	25	—
	Scabies ... ..				4	—	10	—
Eye	Impetigo ... ..				7	1	93	5
	Other Diseases <i>non-Tuberculous</i>				2	1	20	1
	Blepharitis ... ..				7	6	24	1
	Conjunctivitis ... ..				—	1	5	—
	Keratitis ... ..				—	—	—	—
	Corneal Opacities ... ..				2	1	1	—
	Defective Vision (excluding... Squint) ... ..				62	109	26	15
Ear	Squint ... ..				18	28	5	—
	Other Conditions ... ..				5	1	7	—
	Defective Hearing ... ..				45	18	31	1
	Otitis Media ... ..				9	—	11	—
	Other Ear Diseases ... ..				—	—	—	—
Nose and Throat	Enlarged Tonsils only ... ..				6	98	2	1
	Adenoids only ... ..				30	25	18	2
	Enlarged Tonsils & Adenoids				19	3	10	—
Enlarged Cervical Glands ( <i>non-Tuberculous</i> )	Other Conditions ... ..				7	3	2	—
	Defective Speech ... ..				—	8	—	—
	Teeth—Dental Diseases ... ..				991	—	78	—
Heart and Circulation	(See Table IV. Group IV.)							
	Heart Disease :							
	Organic ... ..				5	—	1	—
	Functional ... ..				—	19	—	—
Lungs	Anæmia... ..				21	—	2	—
	Bronchitis ... ..				33	7	2	—
	Other Non-Tuberculous Diseases ... ..				—	—	4	—
Tuber- culosis	Pulmonary :							
	Definite ... ..				1	—	1	—
	Suspected... ..				—	—	1	—
	Non-pulmonary :							
	Glands ... ..				—	—	2	—
	Spine ... ..				—	—	—	—
	Hip ... ..				—	1	—	—
	Other Bones and Joints				—	—	—	—
	Skin ... ..				1	—	—	—
	Other Forms ... ..				—	—	—	—

Table II.—continued.

Nervous System	{	Epilepsy	...	...	...	—	—	—	1
		Chorea	...	...	...	—	—	2	—
		Other Conditions	...	...	...	—	—	—	—
Deformities	{	Rickets	...	...	...	1	1	—	—
		Spinal Curvature	...	...	...	—	—	—	—
		Other Forms	...	...	...	3	11	—	1
Other Defects and Diseases		...	...	...	8	27	20	46	

B—Number of individual children found at Routine Medical Inspection to Require Treatment (excluding uncleanness and dental diseases)—329.

TABLE III.

Return of all Exceptional Children in the Area.

			Boys	Girls	Total
Blind (including partially blind.)	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind...	1	1	2
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially blind,	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf).	(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf ...	3	2	5
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
Mentally Defective	Feeble-minded (cases not notifiable to Local Control Authority)	Attending Certified Schools for Mentally Defective Children ... ..	1	—	1
		At Public Elementary Schools	8	2	10*
		At other Institutions.	—	—	—
		At no School or Institution	—	—	—

\*All these were examined by mental tests      The figure does not represent the total number in Farnworth.



			Boys	Girls	Total
Mentally Defective —cont.	Notified to the Local Control Authority during the year.	Feeble-minded ... ..	—	—	—
		Imbeciles ... ..	—	1	1
		Idiots ... ..	—	—	—
Epileptics	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics.	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools. ... ..	—	—	—
		At no School or Institution	—	—	—
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools ... ..	1	—	—
		At no School or Institution	—	—	—
Physically Defective	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board... ..	—	—	—
		At other Institutions ... ..	—	—	—
		At no School or Institution	1	—	1
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	—	—	—
		At Certified Residential Open Air Schools ... ..	—	—	—
		At Certified Day Open Air Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	1	—	1
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
	Delicate children (e.g. pre- or latent tuberculosis, malnutrition, debility, anæmia, &c.)	At Certified Residential Open Air Schools ... ..	—	—	—
		At Certified Day Open Air Schools ... ..	—	—	—
		At Public Elementary Schools ... ..	—	—	111
		At other Institutions ... ..	—	—	—
		At no School or Institution	—	—	—
Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board... ..	—	—	—	
	At Public Elementary Schools ... ..	—	—	—	
	At other Institutions ... ..	—	—	—	
	At no School or Institution	—	—	—	
Crippled Children (other than those with active tuberculous disease) e.g. children suffering from paralysis, &c. and including those with severe heart disease.	At Certified Hospital Schools ... ..	—	—	—	
	At Certified Residential Cripple Schools ... ..	—	—	—	
	At Certified Day Cripple Schools ... ..	—	—	—	
	At Public Elementary Schools ... ..	—	—	6	
	At other Institutions ... ..	—	—	—	
	At no School or Institution	—	—	—	

**TABLE IV.***Return of Defects treated during the year ended 31st December.***TREATMENT TABLE.****Group I.—Minor Ailments (excluding uncleanness for which see Group V.)**

Disease or Defect	Number of Defects treated or under treatment during the year.		
	<i>Under the Authority's Scheme</i>	<i>Otherwise</i>	<i>Total</i>
Skin :			
Ringworm—Scalp ... ..	4	1	5
Ringworm—Body ... ..	26	—	26
Scabies ... ..	9	1	10
Impetigo ... ..	86	7	93
Other skin disease ... ..	16	6	22
Minor Eye Defects : (External and other, but excluding cases falling in Group II.) ... ..	32	1	33
Minor Ear Defects ... ..	38	2	40
Miscellaneous ... .. (e.g. minor injuries, bruises, sores, chilblains, etc.)	14	1	15
Total ... ..	225	19	244

**Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.)**

Defect or Disease.	Number of defects dealt with.			
	<i>Under the Authority's Scheme</i>	<i>Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme</i>	<i>Otherwise</i>	<i>Total</i>
Errors of Refraction (including Squint). (Operations for squint should be recorded separately in the body of the Report).	—	52	1	53
Other Defect or Disease of the eyes (excluding those recorded in Group I.)	—	—	8	8
Total ... ..	—	52	9	61



Table IV.—continued.

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	...	—
(b) Otherwise	...	...	...	53

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	...	13
(b) Otherwise	...	...	...	40

## Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment			Received other forms of Treatment	Total No. Treated
Under the Authority's Scheme in Clinic or Hospital	By Private Practitioner or Hospital apart from the Authority's Scheme	Total		
—	50	50	3	53

## Group IV.—Dental Defects.

(1) Number of Children who were—

(a) Inspected by the Dentist:

Routine Age Groups	Aged :	5...	78	Total...270
		6...	87	
		7...	105	
		8	—	
		9	—	
		10	—	
		11	—	
		12	—	
		13	—	
		14	—	

Specials	...	...	...	...	62
Grand Total					332

(b) Found to require treatment ... 291

(c) Actually treated ... 176

(d) Re-treated during the year as the result of periodical examination ... 2

(2) Half-days devoted to { Inspection... 2 } Total...37  
{ Treatment...35 }

(3) Attendances made by children for treatment ... 528

(4) Fillings { Permanent teeth ... 66 } Total...310  
{ Temporary teeth ...244 }(5) Extractions { Permanent teeth ... 41 } Total...533  
{ Temporary teeth ...492 }

(6) Administrations of general anæsthetics for extractions ... nil

(7) Other Operations { Permanent teeth ... 1 } Total...23  
{ Temporary teeth ...22 }

*Table IV.—continued.*

## Group V.—Uncleanliness and verminous conditions.

- (i) Average number of visits per school made during the year by the  
School Nurses ... 11
- (ii) Total number of examinations of children in the Schools by  
School Nurses ... 99.
- (iii) Number of Individual Children found unclean ... 1004.
- (iv) Number of children cleansed under arrangements made by the  
Local Education Authority ... nil
- (v) \*Number of cases in which legal proceedings were taken :
  - (a) Under the Education Act, 1921 ... nil
  - (b) Under School Attendance Byelaws ... nil

\*Legal proceedings pending in one case at end of year.







